

St Augustine Yacht Club
Holiday Regatta of Lights Boat Parade

Boat Owners Name: _____

Skipper's Name: _____ Skipper's Phone : _____

Skipper's Address: _____

City: _____ State: _____ Zip: _____

Skipper's Email: _____

Vessel Name: _____ _Registration Number: _____

Length: _____ Home Port: _____

Type of Vessel: ___Power ___Sail ___Private ___Commercial

Theme/Description: _____

Number of Crew: _____

Items on Board: ___VHF Radio (USCG Required) ___USCG Required Number of Life Vests

Agreement to Participate:

By officially entering the Holiday Regatta of Lights, I hereby fully understand and agree that my participation is voluntary and at my own risk. I hereby agree to hold harmless the host, sponsoring associates, and businesses from any personal injury or property damage which I may cause in any way.

Signature: _____ Date: _____